

## Service System Data & Statistical Information Integration Workgroup Presentation 8/7/12 Outcomes

Polk County Health Services measures outcomes to enforce our system core values:

- Self-sufficiency is the cornerstone to full citizenship in the community
- Collaboration and accountability are essential for achieving quality outcomes
- All informed choices come with opportunity and responsibility
- Continuous innovation allows for system improvement, flexibility, and responsiveness

We use Outcome Measures for two general purposes:

- Evaluation of case management, service coordination, and Integrated Services Program
- Scorecards to compare and contrast supported employment and community living programs

Outcome Measures include the degree to which program participants experience:

- |                            |  |
|----------------------------|--|
| • Safe, affordable housing | • Psychiatric Hospitalizations           |
| • Homelessness             | • ER Visits                              |
| • Jail Days                | • Participant Satisfaction               |
| • Employment               | • Family/Concerned Others Satisfaction   |
| • Education                | • Quality of Life                        |
| • Empowerment              | • Child Education Involvement (for kids) |
| • Somatic Care             | • Transition Activities (for kids)       |
| • Community Involvement    | • Appropriate Disenrollment (for kids)   |
| • Negative Disenrollment   |  |

Data for the Outcome Measures are collected through various manners:

- Recording in Polk MIS of events (over time), contacts (one-time)
- Interviews of random sample of program participants and their family/concerned others
- File reviews

Evolving Process:

- Started in 1998 with case management and Integrated Services Program
- Used Excel spreadsheets to track data
- Evaluation targets determine if a program Exceeds Expectations, Meets Expectations, Needs Improvement, or Does Not Meet Minimum Expectations
- Separate evaluation targets were set for each agency and disability group
- In 2000, started using University of Iowa Law, Health Policy, and Disability Center
- By 2004, standard evaluation targets were set for all agencies and disability groups
- In 2007, added service coordination and started supported employment scorecard
- In 2011, started development of community living scorecard

Lessons Learned:

- System change takes time, effort, and is ongoing, but it's worth it
- Definitions have to be clearly written
- Any changes/tweaks to definitions need to be done prior to the measurement year
- It takes a good two years to understand and fully implement new definitions, if complex
- Need to review data throughout the year
- Newly hired staff tend to not fight outcomes. It's just the way business is done.
- Training needs to reinforce values and best practices, not necessarily the outcomes per se.
- Focusing on employment, education and community inclusion resulted in fewer jail days, hospital days and ER visits. They also contribute to improved quality of life.
- When everyone serving and supporting an individual come from a common, holistic approach, outcomes are better.